

Wisconsin Department of Regulation & Licensing

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MEDICAL EXAMINING BOARD

CHANGE IN SUPERVISING PHYSICIAN

Med 8.07 Practice. (1) Scope and Limitations. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician.

Complete the following and return to the Medical Examining Board at the address listed below.

PHYSICIAN ASSISTANT

NAME:

LICENSE NUMBER:

NEW PRIMARY SUPERVISING PHYSICIAN

NAME (please print):

Signature

Date

LICENSE NUMBER:

STARTING DATE:

PREVIOUS PRIMARY SUPERVISING PHYSICIAN

NAME:

LICENSE NUMBER:

STARTING DATE:

ENDING DATE:

Return completed form to:

Department of Regulation and Licensing
Bureau of Health Professions
PO Box 8935
Madison WI 53708-8935